	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	ty CLX	Registration Dist. No. 96
VIIIa	ge or City Mesdore (No.	St.; Ward) [If death eccurred in a hespital er institution, give its NAME instead
	2 FULL NAME (West / Cowlan	d Ull'Eurson ef street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE.	ale Shale Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	Sefet 14 1915-	17 I HEREBY CERTIFY, That I sttended decessed from 25, 1913, to 1915,
7 AG	E (Month) (Day) (Year) E If LESS than 1 day, hrs. vrs 2 mas /2 ds. OR mia.?	and that death occurred on the date stated above, at
DET	CUPATION) Trade, prefession, er ticular kind of work	Marasmus
bus) General nature of industry islasss, or establishment in ich emplayed (er empleyer) RTHPLACE (State or country)	Contributory Inamelion yrs. 3 mos. 2 de.
-	10 NAME OF FATHER PLANT OF THE PARTY OF THE	(Signed) 5 73 7 11 11 M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Cecil Or Jud	Mov 26 1812 (Address) Joseph Dehous Mod State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injunt; and (2) whether Accidental,
PAR	13 BIRTHPLACE Arah R William.	SCICIDAL OF HOMICHAL SELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) If siece In the
14 TI	OF MOTHER (State or country) Celebrate (State	of death yrs. mos. de. State, yre. mos. de. Where we disease contracted, If not at place of death?
	(Informant) Rowland attenson	Fermer or sessi residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	ed From 12 7191 N- VIR Comeran	Veneger Cemetery 15 2.7, 191.5
	REGISTRAR /	N C Gaerron Deymedals
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. L



[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the housebold only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Astbenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "Puerperal septichaemia," "Exhaustion,"



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RESERVED FOR BINDING MARGIN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	Cepil. 19410	CERTIFICATE OF DEATH
Cot	6064 O1.	Registration Dist, No.
Vill	age or City Wood Monor	Hospital St; Ward) [It death occurred to a hospital or institution,
	2 FULL NAME JOSEPH Hall	Bygo give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, WIDOWED, Lan	(Month) (Day (Year)
JIC B DA	male White (Write the word) red	17 I HEREBY CERTIFY, That I attended deceased from
O DA	March 11, 1882	15, 191 to han 27, 191 1,
TAG	(Month) (Day (Year)	that I last saw h
AG	1 LESS than t day,hrs.	and that death occurred on the date stated above, at
	yrs mos ds. OR min.?	C 10)
(a)	Trade, profession, or	Welle Myrcardely
	General nature of industry,	
	ness, or establishment in Jaw Mill.	(Duration) yrs mos ds.
9 BI	(State or country) well	Secondary
	10 NAME OF FATHER COM A Q Biggs	(Signed) Huther Putarel M. D.
S	11 BIRTHPLACE	my 30, 191 1 (Address) Defets med
ARENT	State or country naryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIONAL
PAI	OF MOTHER WANE OF MOTHER CO. Cain	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Many Cand.	At place of death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Internations To seph X + Voyage	Former or usual residence. Chesaperfelly had
	(Address) Chesapeake City Mil	PLACE OF BURIAL OR REMOVAL PORTE OF BURIAL
15		Vether Chuelery Cott. 1, 1913
File	d, 191REGISTRAN	Onas O Dunko Theo of he
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Duy labores; Farneylabores, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mitt; (a) Satesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertlonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ratvutar heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. etc., when a definite disease can be ascertained as the ample: thre of the American Medical Association.) by earbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhanstion," the head of For vio-



RECORD

PERMANENT

4

WITH UNFADING INK-THIS

WRITE PLAINLY,

N.B.

d state	PLACE OF DEATH County Successful 19411	STATE OF MARYLAND CERTIFICATE OF DEATH				
ould be stated EXACTLY. PHYSICIANS should classified. Exact statement of OCCUPATION is		Registration Dist, No.				
	Village or City Port Defort (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
	Golor of Race Single, Married, Married, Wildweld, Or Divorced (Write the word) Tage Month Color of Month Color of Write the Word Tage It LESS than 1 day	18 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from 1912, to 1912, that I last saw h and alive on 1912, and that death occurred on the date stated above, at 1, 4, 2, m. The CAUSE OF DEATH* was as follows:				
rully supplied. AGE s it it may be properly tificate.	Syrs 3 mos Z 7 ds or min.? **Coccupation** (a) Trade, profession, or particular kind of work. (b) Seneral nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Lecel Co. Ma	Contributory Island Market Secondary				
4. B.—Every Item of information should be careful CAUSE OF DEATH in plain terms, so that important. See Instructions on back of certifications	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	(Signed)				
	(Informant) (Address) (Address)	ot death yrs, mos, ds. Slate yrs, mos, de Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS Colora Mo				

If more bianks are needed, address State Registrar, 6 E. Frankiln St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'UERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg-The coutributory (secondary or intercurrent) tctanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendatious on statement of For VIO-



PLACE OF DEA STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County. Registration Dist. No. Fif death occurred in VIIIage or City a hespital or institution. give its NAME instead EXACTLY. of street and number. ² FULL NAME RECORD CERTIFICATED PERSONAL AND STATISTICAL PARTICULARS SINGLE, olas BEX PERMANENT WIDOWED OR DIVORCE (Write the work BINDING (Year) properly pino (Month If LESS than 7 AGE and that death occurred on the date stated above, at O The CAUSE OF DEATH * THIS OCCUPATION supplied 40 (a) Trade, profession, ar Charticular kind of work 30 ESERV basiness, er establishment in UNFADING which employed (or employer Contributory 9 BIRTHPLACE (State of country) 2 See 10 NAME OF pe (Signed) tion should by DEATH is important ARGIN G 11 BIRTHPLACE ARENT State or country DISTASE CAUSING DEATH, or, in deaths from VIOLENT PLAINLY, CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, E OF DE SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE In the inforr S OF MOTHER State, yrs. mea. de. yre.ds. 5 (State or countr Should state CAL Where was disease centracted. CA 14 THE ABOVE of If not al place of death?. Fermer er usual residence m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. mobile factory. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed But in many cases, If retired from

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rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which lapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MIANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "(Convulsions," "Debility" ("Con-"Dropsy," carbolic acid-probably "Exhaustion," important.



18 pinous OCCUPATION Registration Dist. No. fif death occurred in PHYSICIANS St:----Ward) a hospital or Institution, give its NAME instead of street and number. 7 Jo MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. (Month) ORDIVERCED (Write the word) NONIA I HEREBY CERTIFY. That I attended deceased from 17 8 DATE OF BIRTH Vrovsmles 830 classified. (Day) (Year) (Month) pe TAGE If LESS than and that death occurred on the date stated above, at pinous 0 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? properly L BOCCUPATION (a) Trade, profession, er ESERVED particular kind of work. (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER (Signed). 80 50 ARGIN (Address) back 11 BIRTHPLACE terms, Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. EATH State ... Where was disease contracted. If not at place of death? 50 A Former or OF usual residence mportant. DATE OF BURLAL Every 1,5 20 UNDERTAKE ADDRESS Filed... REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

state

County.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of __ "Contributory." ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. Examples: cause for



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR INK-THIS IS RESERVED WRITE PLAINLY, WITH UNFADING MARGIN

N.B.

V. 50

Village or City Bell Mills (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9.2 St.; Ward) [if death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Color or RACE 5 SINGLE, MARRIED, WIDOWED OR OLVORCED OR OLVORCED OR OLVORCED OR OLVORCED OR OLVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
7 AGE (Month) (Day) , 1 86/ (Year) 1 LESS than	that I last saw halive on, 191, and that death occurred on the date stated above, at
54 yrs. 8 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, or	
particular kind of work	Magle access and
(b) General nature of ledustry besiness, or establishment in which employed (or employer)	Jack (Beretlen) yre moe de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Thomas Bullock	(Bigned) Wife Dean letromer 5
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 14 MAIOEN NAME OF MOTHER	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piace In the st death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease nontracted, If not all place of death ?
(Informant) Undrew angle	Former or usual residence
(Address) Elselon Mid RO5-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FRON Der 28, 1913 Johns Frager	20 UN OFFTAKER WENTER SUSSENIESS
If more blanks are needed, address State Rogistrar, 16	S W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ehildetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease eausing death), 29 ds.; Bron-chapneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) head—homicide; birth of mischriege as "Publiphal septichaemia," "Publiphal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" nephritis, etc. (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-Poisoned by carbolic acid—probably "Atrophy," "Colimportant. wound of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

CIANS ment of	PLACE OF DEATH	19415	(5)	STATE OF MA	
YS.	Illage or City New Ell	low		Registration D	ist. No. 92
Sified. Exact	2 FULL NAME	rot ne	amed	St.; Ward)	[If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTI			MEDICAL CERTIFICATE	OF DEATH
ols . C	Male White	SINGLE, MARRIED, WIDOWED OR DIVORCED (Writs the word)	16 DATE OF E	(Month)	(Day) (Year)
properly rtificate	DATE OF BIRTH		17 OA THE	REBY CERTIFY, That I at	tended deceased from
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C 0 0 -	AGE) (Day) (Year			00 / 1915
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1 0 014	particular kind of work (b) Goveral nature of industry		. parts		deat 5/c
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	which employed (or employer)	M (200 - 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(Buration)	yrsde
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[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the write None. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, Stationary fireman, Women at home, who are engaged in If retired from

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chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitid under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Sonile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Atrophy," "Colreport mere wound of



	/	-Every item of Information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RECORD	EXACT
ONIONIE	A PERMANENT	hould be stated be properly class certificate.
FOR	HIS IS	t it may
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of Information should be carefully supplied. AGE should be attact should state CAUSE OF DEATH in plain terms, so that it may be proporly coccuPATION is very important. See instructions on back of certificate.
MARQIN	PLAINLY, WITH	SE OF DEATH in very important
•	WRITE	y item of Info
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1 PLACE (OF DEATH	19416	(3)		OF DEATH
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	Mal With Man With Man	(Day) (Day, J. Ars.	that I last so and that dea	(Month) REBY CERTIFY, That I a , 191.5, te	(Day) (Year) ttended deceased from Nov 1915,
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14	1915 Baus	There	Where was disease if set at place of Fermor er usual residence	costracled, death ?	DATE OF BURIAL Nov / 181.5

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION PHYSICIANS statement PERMANENT classified. properly supplied. pe UNFADING may that 80 10 back terms, plain Instructions 2 WRITE 0 OF CAUSI

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Coal Registration Dist. No ... wlandsville Ilf death occurred la Ward) a hospital or institution, give its NAME Instead Priscilla Chelds of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, Widow (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE if LESS than 1 day hrs. BOCUPATION (1) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs, _ _____ yrs. ____ mos. _ Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (c. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Fuerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniic," etc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations ou statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Coun	ty Cil	19418	(8)	STATE OF N CERTIFICATE	
	En m			Registration	Dist. No. 92
Villag	ge or City CR MAN	lary a	Comi	Se; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATE	STICAL PARTICULARS		MEDICAL CERTIFICAT	E OF DEATH
3 SE	anale White	5 SINGLE, MARRIED, France WIDOWED OR DIVORCED (Write the word)	16 DATE OF	(Mon	
6 DAT	TE OF BIRTH NO W	funcation (Day)	(Year) that I last	ly 6,1918, to	attended deceased from (1914)
P AGI	73-	1 da	v. hrs.		e stated above, at 74. m Hows:
(b) bus whi	ineural nature of iodustry liness, or establishment in ch employed (or employer) RTHPLACE (State or country)		Contrib	utory	on) 5 yrs. — mos. — ds
PARENTS	10 NAME OF TATHER 11 BIRTHPLAGE OF FATHER (State of country) 12 MAIOEN NAME C	Pugh	(Signed)	(Address) Le the Disease Causing Draftistate (1) Mrans of Injury; sor Homicidal.	Mehn Tud
	OF MOTHER Chyal 13 BIRTHPLACE OF MOTHER (State or country) E ABOVE IS TRUE TO THE BE	laware	1B LENGTH C OR RECENT At place of deeth	OF RESIDENCE (FOR HOSPITA T RESIDENTS) In yrsds.	ths State,
	(Informant) Harry C (Address) Els	close my	Former or usual residence	F BURIAL OR REMOVAL	DATE OF BURIAL
15 File			20 UNDERT	inga tippe	ADDRESS Elector
	If more blanks	are needed, address State I	Registrar, 16 W. Saratoga	St., Balto., Requesting V. S. N	10. 1.

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STATE OF MARYLAND state Very CERTIFICATE OF DEATH Registration Dist. No. CCUPATION lif death occurred in a hospital or institution, give its NAME Instead of sfreet and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE, 16 DATE OF 4 COLOR OR RACE MARRIED. widower, or divorced (Write the word) BINDING (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 7-30 a.m. f day,hrs. Ü OR 7 BOCCUPATION (a) Trade, profession, or NX particular kind of work pe (b) General nature of industry, ERV UNFADING business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 10 ARGIN PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN PAME TAL, SUICIDAL, OF HOMICIDAL. Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS OF MOTHER (State or country) Af place In the of death State yrs. ____ mos. __ _____ yrs. ____ mos. ___ WRITE Where was disease contracted. If not at place of death? 0 Former or OF usual residence mportant. Every ft RREMOVAL DATE OF 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

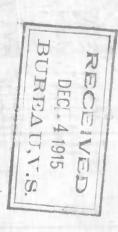


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But ln many first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State genital," "Senile," etc.), affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head lujury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory." Bronchopmeumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustlon," Never report cause for For VIO-



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully -- ('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers employed, as At sehool or At home. Care should he who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. 'Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not he stated unless important. nephrilis, etc. cough; Chronie valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal scptichaemia," (secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably Never report mere wound of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:---Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE If LESS than f dayhrs. OR min. ? OCCUPATION (a) Trade, profession, or USP particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER . ARENTS 11 BIRTHPLACE OF FATHER (State or countr *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place MOTHER (State or country) of death State yrs, _ yrs. mos. _ ds. Where was disease contracted. If nof at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Xo. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has (4)

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mia," "Tuerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH pinous OCCUPATION Registration Dist. No. PHYSICIANS [If death occurred in Village or City Ward) a hospital or institution, give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Write the word) (Month) (Day (Year) Exact stated DATE OF BIRTH classified. pe (Month) (Day (Year) 7 AGE If LESS than should and that death occurred on the date stated above, at t dayhrs. min. ? properly ш BECCUPATION AG (a) Trade, profession, orpe supplied (b) General nature of industry. business, or establishment may which employed (or employer) certificate. Contributory 9 SIRTHPLACE (State or country Secondary that 10 NAME OF FATHER 08 ō back ARENTS 11 BIRTHPLACE terms, hould OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in scatts from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 60 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH If not at place of death 0 OF Every Item CAUSE OF Important. usual residence DATE OF 16 20 UNDER ADDRESS REGISTRAS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Honsekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman," (0)

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ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerreral septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerreral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tctunus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For vio-



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:Ward) a hospital or institution. EX N give its NAME Instead of street and number.] RECORD EXACT proporly classified, rtificate. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX stated SINGLE. 16 DATE OF DEATH PERMANENT MARRIED. BINDING WIDOWED OR DIVORCED (Day) HEREBY CERTIFY, That I attended deceas 6 DATE OF BIRTH bould a 3 915 (Month) (Year) (Day) 7 AGE If LESS than death occurred on the date stated above, at OE 1 day, hrs. C OR min. ? WES ES follows: that uo 8 OCCUPATION supplied (a) Trade, profession, er garticular kind of work... ons 20 (b) General nature of Industry instructi terms, business, or establishment in carefully which employed (or employer) BIRTHPLACE Contributory See in (State or country) Secondary 10 NAME OF pe C pino mportant I PARENTS 11 BIRTHPLACE AT (Address) OF FATHER (State or country) *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT 61 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 SUICIDAL OF HOMICIDAL of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very 13 BIRTHPLACE OF MOTHER At siece In the . (State or country) of dooth should state CA Where was disease contracted. If not at piece of death? usuai residence (Address) 20 UNDERTAKER m

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part If retired from

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred la Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, 191 WIDOWED, (Month) (Year) ORDIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 7. 191. Q (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State ____ Where was disease contracted. THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? Former or (Informant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER APPRESS

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PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

15

WRITE

PLACE OF DEATH 19422 County Ceril	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Dard Depart No. Mrd. 2FULL NAME James Earle	St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, wingle wind with the word	(Month) (Day (Year)
March 13th, 1915 (Month) (Day (Year)	that I last saw h MM alive on N FU 9 , 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of: work	(Duratign) yrs 2 mos 10 ts. Contributory Cartala? acut
10 NAME OF S. Harvey Cack	(Sigged) (Duration) yrs mos O ds.
11 BIRTHPLACE OF FATHER (State or country Cell Co.) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Cecil les.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Af place In the of deathyrs,mosds. Where was disease contracted.
(Informant) The Best of MX KNOWLEDGE	If not at place of death?————————————————————————————————————

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

BURIAL OR

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ADDRESS



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborcr," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senlle," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No ... fif death occurred in ---Ward) a hospital or institution, give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Write the word) CERTIFY. DATE OF BIRTH (Month) Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State of country) of death yrs. mos. ds. State yrs. ... Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ehildbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion,"



NT RECORD Ated EXACTLY, PHYSICIANS classified. Exact statement of	Village or obstructive MM (No) 2 FULL NAME Surce To Oles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
RECORD EXACT sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THIS IS A PERMANE AGE should be stated. AGE should be stated that it may be properly on back of certificate.	TAGE BOCUPATION To particular kind of work To covor or race 5 SINGLE MARRIED, WIDOWED MODE MODE	18 OATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 191 191 191 191 191 191 191 191 19
	(b) General natore of industry business, or establishment in //	(Buration) yre mos de
V. S. No. 1. WRITE PLAINLY, WITH UNFADING INK N. B.—Every item of Information should be carefully supplied that the CAUSE OF DEATH in plain terms, so occupation is very important. See instructions	which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ULIUS B ACLAS. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PULLU M Melager 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)///3/ Poplar Of Phila 16 Fled Nov. 26, 1915 L. G. Jaylor REGISTRAR If more blanks are needed, address State Registrar,	(Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Suicidal or Homicidal. (Address) (Address) (Burston (2) whether Accidental, Institutions, Transients, or recent residents) (Suicidal or Homicidal. (Burston (2) whether Accidental, Institutions, Transients, or recent residents) (Burston (3) whether Accidental, Institutions, Transients, or recent residents) (Burston (4) whether Accidental, Institutions, Transients, or recent residents, Institutions, Transients, or recent rece



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Forenian," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age nees of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, Civil But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-ehopneumonia (seeondary), 10 ds. Never report mere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uracinia," "Weakness," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (name origin; "Cancer" is less definite; avoid use of by railway (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercurtrain-accident; Revolver State cause for which "Atrophy," wound ("Con-



1 PLACE OF DEATH

Coun	ity Cocci	CERTIFICATE OF DEATH Registration Dist. No.
Villa	ge or City Port Defort (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of certifi	ale Black WIDDWED Manued OR DIVORCED (Write the word) TE OF BIRTH (Month) (Pay) (Yest)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from 1914, to
S and terms, so many terms, so materials, so	10 NAME OF FATHER Coducated Servers 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE 18 BIRTHPLACE 19 BIRTHPLACE 10 PART COMMENT 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE 18 BIRTHPLACE 19 BIRTHPLACE 10 BIRTHPLACE 10 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLAC	(Signed) (Dyralign) (Dyralign) (Buration) (Signed) (Signed) (Address) (Address) (Dyralign) (Pris. mos. ds. (Signed) (Address) (Address)
TION IS very importants to the part of the	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Paltimine M HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. ***18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the el death
should state OCCUPATIO	(Address) Part 18 greet, ed "/29, 1911-N.C. Cammon REGISTRAR	19 PLACE OF BURIAL OR-REMOVAL OKU Kury Consta, Nov 36, 101.5 20 UNDERTAKER ADDRESS ADDRES

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housestate occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screant, Cook. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," ctc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal septichuemia," by Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion, ACCIDENTAL, mound



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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently alcd.

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County

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilt death occurred in St.:---Ward) a hospital or institution, give its NAME Instead of street and number.]

MEDI	CAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	MV	3	, 1915
	(Month)	(Day	(Year)
//	LEBY CERTIFY, That		
that I last ssw h			G 12
and that death occur	red on the date state	ed above, at	
The CAUSE OF DEA	TH* was as follows:	/	
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	- fresher and the same of the		
	(Duration)	угв.,	mos da
Contributory			
Q,	(Duration)	400	mosds
(Signed)	MD, Oac	vley	, M. D
101	(Address)	College	mer
*State the DISEA	SE CAUSING DEATH, MEANS OF INJURY; IOMICIDAL.	or, in deaths and (2) whe	from Violent ether Acciden
18 LENGTH OF RESIDENT At place of death yrs	DENCE (FOR HOSPITAL ITS) In the mos. ds. State	s, Institution	MOS ds

If not at place of death Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Year)

It LESS than

1 day hrs.

OR 7



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursults can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been chauged or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foremau," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can affectiou ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Brouchopneumonia "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of (secoudary), 10 ds. "Dropsy," "Exhaustion," "PUERPERAL schtichae-Never report



ת ה ה ה	H UNFADING	be carefully s
MARGIN	WRITE PLAINLY, WITH UNFADING	N. BEvery item of information should be carefully s
}	WRITE	ery item of info
No. 1.		EV.
V. S. No. 1.		S.B

	Cen 1 19428 Q	CERTIFICATE OF DEATH
Coun	ity	Registration Dist. No. 74
Villag	ge or City Left No. 1	Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	alk Tolor or race 5 SINGLE, MARRIED, MIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH Dicember 27, 1844 (Month) (Day) (Year)	that I last saw h = alive on No. 8 191.5
7 AG		and that death occurred on the date stated above, at $\frac{2E}{m}$ m The CAUSE OF DEATH $*$ was as follows:
(a par (b bus	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry siness, or establishment in colon management in colon management in colon management.	Delalin of Heart (Burstlen) yrs. mae.
	RTHPLACE (State or country) Reading Ca	Contributory Culeur Teles Secondary
() II	10 NAME OF FATHER James Cothered	(Signed) Muleting Muleting, M. o. hrr 9, 191 1 (Address) Elkhoring
AREN	Z OF FATHER (State or country) Samany 12 MAIDEN NATHER OF MOTHER	*State the DISPARSE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At pisce of death yrs. mes. ds. State, yrs. mes. de Where was disease contracted, If not at place of death?
	(Informant) Chiac & Rothermos	Former or usual rasidence much East md.
15	(Address) Moth East Md	North East Ma "III", 1912
Flic	ed/100 10, 1915 Jean de Bidalle Lice REGISTRAR	20 UNDERTAKER PARTY PATH COST
(If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in demestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in without more The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial birth or miscarriage as "Puerperal septichaemia," lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which "Atrophy," wound of ("Con-



PHYSICIANS 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No ... Ward) a hospital or institution. give its NAME instead Z X of street and number. 7 RECORD EXACT ² FULL NAME classified PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, 16 DATE OF DEATH stated MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH /lan pino pe (Month) 7 AGE If LESS than may and that death occurred on the date stated above, at ш 1 day, hrs. O The CAUSE OF DEATH * was as follows: OR min. ? T + that supplied. OCCUPATION 0 (a) Trade, profession, or structions particular kind of work. (b) General nature of lodustry terms, business, or establishment in (Durstion) which employed (or employer 9 BIRTHPLACE Secondary (State or country) a 66 (Duration) 10 NAME OF ğ FATHER C Important I no 11 BIRTHPLACE PARENT OF FATHER (State or country) SPA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means or Injury; and (2) whether Accidental. E OF DE 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE infort USI In the OF MOTHER (State or country) of death State,yrs.mos. .. yrs. Every item of in should state CA OCCUPATION 40 Where was disease contracted. THE BEST OF MY KNOWLEDGE if not at piece of death? Former or usual residence DATE OF BURIAL (Address 16 ADDRESS m If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



County (FOR OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Place 100 (No. Whise Place 100) 2 FULL NAME Mrs Character 100 (No. Whise Place 100)	Mard) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5 SINGLE, MARRIED, Manuel or DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May 19, 1915, to Mov 19-, 1915;
(Month) (Day) (Year)	that I last saw h Palive on 700 19 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 500 m.
6 27 7 27 1 day. hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in	attmos
which employed (or employer)	(Burstlon)ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF FLARE OBOSPECCO	(Signed) With Dead Octobrates, mos
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Rebecal/cales	18 LENGTH OF REBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) All piace in ths ef deathyrsmesds. State,yrsmesds. Where was disease contracted.
(Informant)	If not st place of death? Former or C-ssust residence
(Address) Prost East Bill	19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL NOS The Const of Survey 22 1015
Filed MV 20, 1915 De aich Biddle	20 UNDERTAKER PIERSON HORTH Cast
. If more blanks are needed, address State Registrar, 1	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Stationary fireman, Women at home, who are engaged in etc. But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichacmia, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consurgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, "Senilc," etc.), "Dropsy," carbolic acid-probably Never "Exhaustion," report mere unportant. wound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

County Cecil 19431 6	STATE OF MARYLAND CERTIFICATE OF DEATH
	Hospital Registration Dist. No. 92
2 FULL NAME William John	ward) [If ueall occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Single, Married, Single Wilowed OR Divorced Willed Wilowed OR Divorced Write the word	16 DATE OF DEATH 25, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Yoar)	that I last saw h allve on how 25
## 1 day, hrs. OR mie. ?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	XVIII FILLMINIS
9 BIRTHPLACE (State or country) Many Caud	Contributory Secondary
10 NAME OF Groupe Smallwood	(Signed) Surphise (Signed) (Si
U BIRTHPLACE OF FATHER (State or country) Many lared	"State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental,
OF MOTHER BY MILES	SUICIDAL OF MOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 20 information	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the effect was in the state of the stat
(Informant) Ashilal record	Where was disease contracted, If not at place of death? Former or Herei residence
(Address) Settler 2nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rotters Tield Cherry Hill Mr 27,05
FRED DOV 26, 1915 John (Form	20 UNDERTAKER DADORESS ELKtowity

If more blanks are needed, address State Registrar, 15 W. Saratoga St., Barto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, state occupation at beginning of illness, ... If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Pronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and eonsequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; eause. Always qualify all diseases resulting from child-Poisoned by carbolic acid-probably Never report mere important.



1 PLACE OF DEATH 50 STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH County Registration Dist. No. If death occurred inWard) EXACTLY. P a hospital or institution. give its NAME Instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE. 4 COLOR OR RACE 5 16 DATE OF DEATH stated MARRIED PERMANENT WIDOWED OR DIVORCED (Day (Month) (Year) certificate That I attended deceased from pe 6 DATE OF BIRTH should pe (Month) (Day) (Year) of TAGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. E O The CAUSE OF DEATH * was as follows: OR mln.? uo OCCUPATION suppiled (a) Trade, profession, or ons particular kind of work 20 b) General nature of Industry structi business, or establishment in terms UNFADING which employed (or employer carefuily 9 BIRTHPLACE (State or country) 2 00 10 NAME OF ú FATHER WITH should important. I II BIRTHPLACE RENT OF FATHER (State or country) d State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT 1.1 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, uo ۵ SUICIDAL OF HOMICIDAL MAIDEN NAME la. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 of Informs CAUSE OR RECENT RESIDENTS) 13 BIRTHPLACE Ŝ At piacs In the OF MOTHER WRITE 69 (State or country) of death утв. PATION Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at piscs of death? Former or usual rasidance Every i T PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS 0 ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form loborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to line and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

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Village or City hesperic (No. Maylures; Ward) 2 FULL NAME Lecian Cerya Core and number of street and number of st	Itulion, Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
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S DATE OF BIRTH Afrof Month) (Day) (Year) THEREBY CERTIFY, That I attended deceased the state of the sta	191 ,
or mol 7 age if LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH * was a follows: The CAUSE OF DEATH * was a follows:	m.
B OCCUPATION (a) Trade, profession, or Elical particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) The physical Course of Co	ds.
9 BIRTHPLACE (State or country) Contributory Secondary Secondary (Burstlen) Transmost	de
10 NAME OF FATHER OF STATE (Signed) WE DEATH OF INJURY; and (2) whether Accident Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal.	O
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, taken to report specifically the occupations of persons of the second statement. business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many cases, Women at home, who are engaged in (b) Grocery; (a) Foreman, Never return "Laborer," If retired from without more (b) Auto-

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on statement of cause of death approved by Committee under the head of "Contributory." on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scplichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraenia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver The contributory (secondary or intercur-Never report mere (Recommendations "Exhaustion," mound



V. S. No. 1.

1		should state ON is very	
	RECORD	PHYSICIANS 6	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
V. S. No. 1.		N.	

Cou	1 PLACE OF DEATH 19434 Output Output	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist, No.
Villa	age or City Tarr Neel (No,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	2FULL NAME / Mary Muci	Whegher
94	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WILDOWS, WILDOWS ORDIVORCED (Write the word)	OATE OF DEATH (Month) (Day (Year) 17 1 haffeby Certify, That I attended deceased from
B DA	TE OF BIRTH 701. 14 -0357	Nov. 1915, to Beatly, 1915.
7	(Month) (Day (Year)	that I last saw h allys on
TAG	If LESS than 1 day,hrs. orhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
*OCCUPATION (d) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)		Dysenter yrs mos 6 s.
9 BII	State or country) Maryland	Contributory Secondary (Duration) yrs mos // ds.
10 NAME OF William Leonard 11 BIRTHPLACE OF FATHER OF COUNTRY) 7 1 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(Signed) le f Corrèce M. D. Nov 18, 191 S. (Address) Rockton mel
PARENTS	12 MAIDEN NAME Stino Lett Stell	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
	13 BIRTHPLACE OF MOTHER (State or country) / Manyloud.	At place In the ot death yrs, mos ds Where was disease contracted.
	Informant)	It not at place of death?
15 Flie	REGISTRAR	20 UNDERTAKER Chemialy Address
1	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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